

**The University of Texas at Austin, School of Nursing  
Preceptor Information**

1. First Name: \_\_\_\_\_ 2. Last Name: \_\_\_\_\_ 3. Middle Initial: \_\_\_\_\_

4. Credentials: \_\_\_\_\_

5. Have you precepted a University of Texas School of Nursing student prior to this semester?  Yes  No

6. Site Name: \_\_\_\_\_

7. Site Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Unit: \_\_\_\_\_

9. Does the site serve Medicaid patients or otherwise underserved patients?  Yes  No  Unsure

10. Agency Contact Person: \_\_\_\_\_ 11. Nurse Manager: \_\_\_\_\_

12. Office Phone: \_\_\_\_\_ 13. Cell Phone: \_\_\_\_\_ 14. Home Phone: \_\_\_\_\_

15. Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. E-mail Address: \_\_\_\_\_ 17. Re-enter E-Mail Address: \_\_\_\_\_

18. Practice Specialties: \_\_\_\_\_

19. Experiences Available (Please check all applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acute Care      | <input type="checkbox"/> Home Health      | <input type="checkbox"/> Public Nursing/School Health |
| <input type="checkbox"/> Adult Health    | <input type="checkbox"/> Mental Health    | <input type="checkbox"/> Rehab                        |
| <input type="checkbox"/> Community       | <input type="checkbox"/> Neonatal         | <input type="checkbox"/> Women's Health               |
| <input type="checkbox"/> Endocrinology   | <input type="checkbox"/> Oncology         | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Pediatrics       |   |
| <input type="checkbox"/> Gerontology     | <input type="checkbox"/> Private Practice |   |

20. Certifications                      Years of Practice                      Cert. Exp. Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Licensure Info: License #: \_\_\_\_\_ 22. Expiration Date: \_\_\_\_\_

23. Highest Degree Earned:

- |                              |  |                              |
|------------------------------|--|------------------------------|
| <input type="checkbox"/> LVN | <input type="checkbox"/> DO              | <input type="checkbox"/> PhD |
| <input type="checkbox"/> AND | <input type="checkbox"/> MA              | <input type="checkbox"/> MD  |
| <input type="checkbox"/> BA  | <input type="checkbox"/> Masters Program | <input type="checkbox"/> JD  |

- |                              |                              |                                      |
|------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> BS  | <input type="checkbox"/> MS  | <input type="checkbox"/> LBSW        |
| <input type="checkbox"/> BSN | <input type="checkbox"/> MSN | <input type="checkbox"/> MPH         |
| <input type="checkbox"/> DDS | <input type="checkbox"/> PA  | <input type="checkbox"/> Other _____ |

24. Please Check All That Apply:

- |   |  |
|---|--|
| <input type="checkbox"/> UT Faculty             | <input type="checkbox"/> Prescriptive Privileges |
| <input type="checkbox"/> Adjunct Faculty Status | <input type="checkbox"/> BNE APN                 |

25. Preceptor Comments:

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26. Semester/Year of Preceptorship: \_\_\_\_\_

27. Student Name(s): \_\_\_\_\_

28. Course #/Name: \_\_\_\_\_

29. Faculty Name: \_\_\_\_\_

30. Have you had previous preceptor training? Yes No

(If No, after completing this form and signing the Preceptor agreement below, please use the following link to UT Online Training after: <https://nursing.utexas.edu/docs/faculty/preceptorsTraining.pdf>.)

31. *NURSE PRACTITIONERS ONLY*: Does the site have a copy of your license & national certification on File?  
Yes No If "No" please provide the UT School of Nursing with a copy of your license and national certification.

32. *NURSE PRACTITIONERS ONLY*: Name of agency contact who can verify license and certification is on file: \_\_\_\_\_

**The University of Texas at Austin**  
**School of Nursing**  
**Preceptor Agreement**

WHEREAS, University and Preceptor(s) desire to provide students enrolled in University's undergraduate and graduate programs of Nursing with educational experience utilizing the personnel, equipment, and facilities of the Preceptor(s) during a prescribed term of this agreement.

NOW THEREFORE, the parties agree as follows:

1. UNIVERSITY PROGRAM OBLIGATIONS:

- a. University will designate a member of the University faculty ("University Representative") to coordinate the education experience of students participating in the program with the Preceptor(s) liaison. University shall give Preceptor(s) written notice of the name of the University representative.
- b. The educational experience for students in the program will be an integral part of the services provided by Preceptor(s) and students will be under the direct supervision of University personnel or Preceptor(s) who are licensed or otherwise qualified to perform such services.
- c. University will require each student and faculty member participating in the practicum program set forth in this agreement to maintain professional liability insurance in AMOUNTS NOT LESS THAN \$1 MILLION PER OCCURRENCE AND \$3 MILLION ANNUAL AGGREGATE.
- d. Assure that all students selected for participation in the program have satisfactorily completed all portions of the University curriculum that are a prerequisite for participation in the program. Ensure that the standards of the accrediting entity for the school in which the students are enrolled are met.
- e. Share course and individual student learning objectives to confirm feasibility and availability of described experiences.
- f. Develop criteria for the evaluation of the performance of University students participating in the program and provide those criteria, with appropriate reporting forms, to the Preceptor(s) and assign grades on the basis of the performance evaluations by the faculty and Preceptor(s).
- g. Inform all University students and faculty participating in the program that they are required to comply with the rules and regulations of Preceptor(s) while on premises of Preceptor(s) and to comply with the requirements of federal and state laws and regulations regarding the confidentiality of information in records maintained by Preceptor(s).
- h. Provide information requested by Preceptor(s) related to students participating in the program unless prohibited by federal or state law.
- i. Remove a student from the experience when the Preceptor(s) determines that the student has violated the rules and regulations of the Preceptor(s)'s facility; has disclosed information that is confidential by law; or has engaged in conduct that disrupts the activities carried on by the Preceptor(s) or threatens the safety of Preceptor(s) and/or Preceptor(s) personnel or patients.

2. PRECEPTOR(S) OBLIGATIONS

- a. Assign appropriate space on Preceptor(s) premises for learning experiences appropriate to the program objectives, and provide name of Preceptor liaison to University program coordinator.
- b. Provide the equipment, supplies, qualified personnel, and supervised access to clients required for the learning experiences appropriate to the program objectives.

- c. Obtain and maintain all licenses required for Preceptor(s) and assure that all Preceptor(s) facility personnel are appropriately licensed.
- d. Assume sole responsibility for the quality of patient or client care.
- e. Provide orientation materials to inform University student and faculty concerning the rules and regulations of Preceptor(s).
- f. Permit representatives of the accrediting entity for the school or division of University in which students participating in the program are enrolled to have reasonable access to premises of Preceptor(s) for purposes related to the accreditation process.
- g. Cooperate fully with faculty from the University in matters related to academic performance and student conduct related to the program experience.

3. GENERAL PROVISIONS

- a. University students and faculty will be responsible for their own transportation, meals, and health care while participating in the program.
- b. Students participating in the program are not employees of Preceptor(s) and shall not be entitled to Preceptor(s) employee health benefits. Preceptor(s) shall provide emergency first aid to students participating in the program as necessary, and notify students and faculty of any potentially harmful exposure to pathogens immediately upon discovery. Student and/or faculty member shall bear responsibility for notifying University of any instance of potential exposure of which that student or faculty member has been notified by Preceptor.

Each student and/or faculty member shall be responsible for all expenses and costs of healthcare treatment related to any exposure, injury, illness or disease occurring as a result of or during the student's or faculty member's participation in the program.

- c. This Agreement constitutes the entire agreement between the parties with respect to the subject matter and no prior or contemporaneous agreement, written or oral, will be effective to vary the terms of those agreements. No amendment to this preceptor agreement shall be effective unless reduced to writing and signed by an authorized representative of each party.
- d. The program and all related activities shall be conducted in a manner that does not discriminate against any person on a basis prohibited by applicable law, including but not limited to: race, color, national origin, religion, sex, age, veteran status, or disability. University and Preceptor(s) will comply with all applicable federal, state, and local laws, ordinances, and regulations in the performance of this preceptor agreement.

GENERAL PROVISIONS (continued)

- e. This Agreement shall **continue from year to year** unless one party shall give the other one sixty days prior written notice of intention to terminate. If such notice is given, this Agreement shall terminate: (a) at the end of such sixty days; or (b) when all students enrolled in the program at the time such notice is given have completed their respective courses of study under the Program, whichever event occurs last.

**UNIVERSITY OF TEXAS AT AUSTIN  
SCHOOL OF NURSING**

**Dean**

By: \_\_\_\_\_  
Name: Alexa Stuijbergen, Dean  
\_\_\_\_\_  
Date: \_\_\_\_\_

**FACILITY PRECEPTOR(S)**

**Please Sign-keep 1 copy and return 1 copy**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

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